

P05000164328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

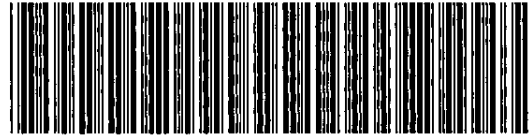
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RAON

SEP 7 2012  
C. MUSTAIN

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SOPHIA Construction & Distributor  
Name of Corporation

**DOCUMENT NUMBER:** PD5000164328

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSCAR ESPANA

Name of Contact Person

SOPHIA CONSTRUCTION & DISTRIBUTION

Firm/Company

4427 SE 14TH CAPE CORAL FL. 33904

Address

CAPE CORAL FL. 33904

City/State and Zip Code

OESPANA@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSCAR ESPANA

Name of Contact Person

at (939) 542-7355

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 22, 2012

OSCAR ESPANA  
4427 SE 14 PL  
CAPE CORAL, FL 33904

SUBJECT: SOPHIA CONSTRUCTION & DISTRIBUTOR CORP  
Ref. Number: P05000164328

We have received your document for SOPHIA CONSTRUCTION & DISTRIBUTOR CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the new Registered Agent was printed. The new agent must also sign with signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 412A00021600

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SHOPHIA CONSTRUCTION & DISTRIBUTION

2. The principal office address: 4427 SE 14 PL CAPE CORAL, FL, 33904

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12-19-2005 Document number: P05000164328

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

HORACIO ESPANA

THOMAS GILBRETH

DAVID CORRO (RESIGNED)

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ANDRES GUTIERREZ

13300 S CLEVELAND AVE

P.O. Box NOT acceptable

FT MYERS, FL 33907

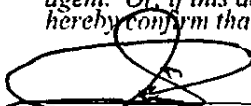
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

OSCAR ESPANA/OWNER  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

8-15-12  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)

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TALLAHASSEE, FLORIDA